

PATENT NUMBER

<p>(2) O.I.P.E. #</p> <p>SCANNED <u>Baw</u> Q.A. <u>PS</u></p>	<p>PATENT DATE</p>
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TITLE OF INVENTION:

APPLICANT(S):

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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED _____	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)		ISSUE FEE Amount Due Date Paid	
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